



ADDENDUM #5

RFP-2021-DBH-01-BEHAV Behavioral Health Crisis Response System

On October 16, 2020, the New Hampshire Department of Health and Human Services published a Request for Proposals soliciting proposals for the provision of a centralized crisis operations center to be known as the New Hampshire Rapid Response Access Point, to receive telephone calls and act as the centralized triage center for mental health and/or substance use disorders crises.

The Department is publishing this addendum to:

1. Delete and replace Section 3, Statement of Work, , Subsection 3.2 Scope of Services, Paragraph 3.2.1, with the following:

3.2.1. The selected Vendor will operate the NH Rapid Response Access Point as a centralized access and triage call center to consolidate and streamline access to mental health and substance use disorder services by establishing a unified point of entry via a single, statewide telephone number for individuals in crisis. This 24/7 centralized call center will answer all calls with a live person and perform initial lethality screenings to the level of crisis response required, including completing initial assessments, performing triage to prioritize calls and services based on urgency, deploying mobile response teams, and providing information and referral services. Services must include, but are not limited to:

3.2.1.1. **Initial Assessments** administered via phone, which result in resolution, deployment, and/or referral, as appropriate to each caller's needs, using tools to effectively triage the caller's crisis and the nature of the crisis. Triage tools may include, but are not limited to:

3.2.1.1.1. Columbia- Suicide Severity Rating Scale.

3.2.1.1.2. PHQ-9 Patient Health Questionnaire 9 (PHQ-9) for depression.

3.2.1.1.3. Edinburgh perinatal/postnatal depression scale.

3.2.1.1.4. Drug Abuse Screening Test for brief self-report (DAST 10).

3.2.1.1.5. Alcohol Use Disorders Identification Test identifies hazardous drinkers or those with Substance Use Disorders (Audit C).



- 3.2.1.1.6. Screening, Brief Intervention, Referral to Treatment for Substance Use (SBIRT) approach.
- 3.2.1.1.7. Mood Disorder Questionnaire (MDQ).
- 3.2.1.1.8. General Anxiety Disorder 7 items scale (GAD 7).
- 3.2.1.1.9. Adverse Childhood Experiences (ACES) questionnaire.
- 3.2.1.1.10. Patient Health Questionnaire for Adolescents (PHQ-A).
- 3.2.1.1.11. Screening tool to identify substance use, substance related riding and driving risk and substance use disorder for ages 12-21 (CRAFFT).
- 3.2.1.1.12. Vanderbilt Assessment Scales for Attention Deficit Hyperactivity Disorder (ADHD) in children ages 6-12 years of age.
- 3.2.1.1.13. An assessment that helps determine the level of violence a person can exhibit (Lethality assessment).
- 3.2.1.2. **De-escalation and Resolution** by engaging individuals in brief phone-based counseling and intervention to de-escalate the crisis. The goal is to determine appropriate level of need and to resolve the situation so that a higher level of care is not necessary.
- 3.2.1.3. **Dispatch of Mobile Rapid Response**, which includes verbal and/or electronic communication with Regional Rapid Response Teams, as appropriate for each situation. The selected Vendor will provide information regarding the nature of the crisis, the location, known safety plan, behavioral health advance directive, accommodation requests, and known treatment history. The selected Vendor will use Global Positioning System (GPS) enabled technology to identify the location for deployment of regional rapid response teams.
- 3.2.1.4. **Referral to location based Rapid Response** for face-to-face and outpatient services, which must include, but is not limited to, a referral and warm hand-off to the closest location-based rapid response center, upon request of the individual or caregiver.



- 3.2.1.5. **Referrals to non-crisis services** for all identified client needs for ongoing support, including, but not limited to:
 - 3.2.1.5.1. Family services and services to address social determinants of health needs;
 - 3.2.1.5.2. Peer warm line for telephonic peer services; and
 - 3.2.1.5.3. Ongoing outpatient treatment services.
- 3.2.1.6. **Individualized planning**, including developing a safety plan (inclusive of WRAP plan and/or brief treatment plan), when a face-to-face rapid response is not necessary. The Selected Vendor will initiate individualized planning and develop a safety plan to address the individual's unmet needs. Treatment plans will be electronically transmitted to current treatment providers using a bi-direction electronic scheduling and referral system.
- 3.2.1.7. **Post crisis support** by making outgoing follow-up calls to individuals when the initial call did not result in a rapid response face-to-face contact. Outgoing calls will be conducted within 48 hours of contact and will include:
 - 3.2.1.7.1. Follow-up on service and safety planning.
 - 3.2.1.7.2. Facilitation of additional referrals as necessary.
 - 3.2.1.7.3. A written summary of the crisis contact and referrals, upon request by individual served or their legal representative which includes, but is not limited to:
 - 3.2.1.7.3.1. Identified needs and strengths.
 - 3.2.1.7.3.2. Level of care recommendation.
 - 3.2.1.7.3.3. Referral information.
 - 3.2.1.7.3.4. Safety plan.

2. Delete and replace Section 3, Statement of Work, , Subsection 3.2 Scope of Services, Paragraph 3.2.3, Subparagraph 3.2.3.1, Line 3.2.3.1.4, with the following:

- 3.2.3.1.4 A bi-directional referral system to support information sharing to facilitate closed loop referrals and transmission of clinical triage summaries, safety plans, and shared care plans with community providers. This information is provided at the time of referral to an agency and, with an individual's permission, can be shared with other community providers who may provide follow-up care.



3. Delete and replace Section 3, Statement of Work, , Subsection 3.2 Scope of Services, Paragraph 3.2.3, Subparagraph 3.2.3.3, with the following:

- 3.2.3.3. Capability to connect with the closed loop referral system vendors, as directed by the Department.

4. Delete and replace Section 3, Statement of Work, , Subsection 3.2 Scope of Services, Paragraph 3.2.4, with the following:

- 3.2.4. The Selected Vendor will perform the following Administration functions:

- 3.2.4.1. Establishing a Memorandum of Understanding (MOU) with each of the ten (10) CMHCs for coordination of face-to-face rapid response.

- 3.2.4.2. Establishing a Memorandum of Understanding (MOU) with New Hampshire's accredited suicide prevention hotline.

- 3.2.4.3. Marketing and advertising to the general public, the availability of statewide Rapid Response services, including, but not limited to:

- 3.2.4.3.1. Process for accessing services.

- 3.2.4.3.2. Training and marketing services for first responders to inform them of the Department's Rapid Response system and how they can use the mobile and location-based services to divert individuals from the hospital and/or criminal justice system.

- 3.2.4.4. Resource management including:

- 3.2.4.4.1. Tracking and dispatching transportation services.

- 3.2.4.4.2. Tracking statewide bed capacity.

- 3.2.4.5. Data management and reporting responsibilities for all Rapid Response System access point functions.

5. Delete and replace Section 3, Statement of Work Subsection 3.2. Scope of Services, Paragraph 3.2.7, with the following:

- 3.2.7 The Selected Vendor will assess data regarding calls, call volume and responses by Regional Rapid Response Teams to set staffing requirements for the NH Rapid Response Access Point.



6. Delete and replace Section 3, Statement of Work, , Subsection 3.3 Reporting Requirements, with the following:

3.3.Reporting Requirements

- 3.3.1. The Selected Vendor will submit a report to the Department on a monthly basis that provides comprehensive information on New Hampshire Rapid Response Access Point operations. The monthly report will contain information for individuals served by age in two groups (17 and under and 18 and older) broken out by region and must include, but is not limited to:
- 3.3.1.1. Number of calls received by Access Point as an aggregate and broken out by time of day.
 - 3.3.1.2. Percentage of callers experiencing a primary mental health crisis.
 - 3.3.1.3. Percentage of callers experiencing a primary substance use crisis.
 - 3.3.1.4. Percentage of callers experiencing a co-occurring mental health and substance use crisis.
 - 3.3.1.5. Percentage of callers who were not current mental health service recipients prior to contact with Rapid Response.
 - 3.3.1.6. Number of referrals to voluntary/involuntary hospital admissions.
 - 3.3.1.7. Number of referrals to Doorways.
 - 3.3.1.8. Disposition of phone-based crisis intervention.
 - 3.3.1.9. Percentage of referrals made to mobile rapid response.
 - 3.3.1.10. Percentage of referrals made to location-based rapid response.
 - 3.3.1.11. Percentage of return crisis utilizers - # of days/months recidivism from initial contact.
 - 3.3.1.12. Number of voluntary/involuntary hospital admissions.
 - 3.3.1.13. Number of voluntary/involuntary hospital diversions.
 - 3.3.1.14. Number of individuals with Limited English Proficiency (LEP) or that required interpretation services.
 - 3.3.1.15. Number of warm hand-offs to peer support specialists.
 - 3.3.1.16. Repeat callers with the same presenting purpose for calling.



3.3.1.17. Percent of callers who received a follow up call by a peer support specialist within 48 hours post phone-based intervention.

7. Delete and replace Section 3, Statement of Work, , Subsection 3.4 Performance Measures, Paragraph 3.4.1, Subparagraph 3.4.1.1, with the following:

3.4.1.1. One hundred percent (100%) of individuals identified as in need of face-to-face assessment from the access point receive an in-home or in-community face-to-face deployment from regional rapid response teams within specified times of dispatch of the mobile response.

8. Delete and replace Section 3, Statement of Work, , Subsection 3.4 Performance Measures, Paragraph 3.4.1, Subparagraph 3.4.1.2, with the following:

3.4.1.2. One hundred percent (100%) of individuals not currently receiving mental health services from a qualified behavioral health provider prior to contact with the Rapid Response System will be offered follow-up services and then referred to an outpatient provider for follow-up services, as appropriate. Qualified behavioral health providers deliver services to an individual in a setting that does not require an overnight stay.

9. Delete and replace Section 4, Finance , Subsection 4.2, Budget, Staff List and Budget Narrative, Paragraph 4.1.2 with the following:

4.1.2. General funds may be utilized to support non billable Medicaid Services and services provided to uninsured and underinsured individuals when there is no other liable third party payer source.

10. Delete and replace Section 4, Finance , Subsection 4.2, Budget, Staff List and Budget Narrative, Paragraph 4.2.2 with the following:

4.2.2. Proposals must include a detailed budget (Appendix D) that includes all projected funding sources, and a detailed description of how General Funds will be used to support non-billable Medicaid services and services provided to uninsured individuals. Budgets must include:

4.2.2.1. All capital project costs, if any;

4.2.2.2. Start-up costs, if any;

4.2.2.3. Proposed billing projections by payer source;

4.2.2.4. A matrix by Medicaid procedure code, by payer; and

4.2.2.5. Units of service and projected revenue by procedure code.



11. Delete and replace Section 4, Finance , Subsection 4.2, Budget, Staff List and Budget Narrative, Paragraph 4.2.4 with the following:

- 4.2.4. The Budget Narrative must explain how each position included in Appendix E, Program Staff List pertains to the proposal and what activities each staff member will perform.